

Department of the Treasury -- Internal Revenue Service

Form  
1040EZIncome Tax Return for Single and  
Joint Filers With No Dependents (99) 2016

OMB No. 1545-0074

ROBERT J BECKLEY

220 MAPLE AVENUE  
WINDBER PA 15963

Your social security number

177-70-0462

Spouse's social security no.

▲ Make sure the SSN(s)  
above are correct.

## Presidential Election Campaign

Check here if you, or your spouse if  
filing jointly, want \$3 to go to this  
fund. Checking a box below will not  
change your tax or refund.☐ You ☐ Spouse

## Income

Attach  
Form(s) W-2  
here.Enclose, but  
do not attach,  
any payment.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.

Attach your Form(s) W-2.

1 44,960

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2 0

3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).

3 0

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.

4 44,960

5 If someone can claim you (or your spouse if a joint return) as a dependent, check the  
applicable box(es) below and enter the amount from the worksheet on page 2.☐ You ☐ SpouseIf no one can claim you (or your spouse if a joint return), enter \$10,350 if **single**;  
\$20,700 if **married filing jointly**. See page 2 for explanation.

5 10,350

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.

This is your **taxable income**.

6 34,610

Payments,  
Credits,  
and Tax

7 Federal income tax withheld from Form(s) W-2 and 1099.

7 5,525

8a **Earned income credit (EIC)** (see instructions)

8a

b Nontaxable combat pay election.

8b

9 Add lines 7 and 8a. These are your **total payments and credits**.

9 5,525

10 **Tax**. Use the amount on **line 6 above** to find your tax in the tax table in the  
instructions. Then, enter the **tax** from the table on this line.

10 4,730

11 Health care: individual responsibility (see instructions) Full-year coverage ☒

11

12 Add lines 10 and 11. This is your **total tax**.

12 4,730

## Refund

Have it directly  
deposited! See  
inst. and fill  
in 13b, 13c,  
and 13d, or  
Form 8888.13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your **refund**.If Form 8888 is attached, check here ☐

13a 795

b Routing number 101089742 c Type: ☒ Checking ☐ Savings

d Account number 7084323771

Amount  
You Owe14 If line 12 is larger than line 9, subtract line 9 from line 12. This is  
the **amount you owe**. For details on how to pay, see instructions.

14 0

Third Party  
DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's  
name H AND R BLOCKPhone  
no. 814-467-8453Personal identification  
number (PIN)

37773

Sign  
HereUnder penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and  
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based  
on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

DRIVER

Joint return?  
See instructions.Keep a copy  
for your  
records.Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity  
Protection PIN,  
enter it  
here (see inst.)Paid  
Preparer  
Use Only

Print/Type preparer's name

JAMIE CHICARELL

Preparer's signature

Date

02-20-2017

Check ☐ if

self-employed

PTIN

01543554

Firm's name H AND R BLOCK

Firm's EIN 273397978

Firm's address 1200 JEFFERSON AVE

Phone no.

WINDBER PA 15963

814-467-8453

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040EZ (2016)



**Use this form if**

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2016. If you were born on January 1, 1952, you are considered to be age 65 at the end of 2016.

- You do not claim any dependents. For information on dependents, see Pub. 501.

- Your taxable income (line 6) is less than \$100,000.

- You do not claim any adjustments to income. For information on adjustments to income, use the Tax Topics listed under Adjustments to Income at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions).

- The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the Tax Topics listed under Tax Credits at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.

**Caution:** If you can claim the premium tax credit or you received any advance payment of the premium tax credit in 2016, you must use Form 1040A or Form 1040.

- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

**Filling in your return**

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

**Worksheet for Line 5 -- Dependents Who Checked One or Both Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

|  |       |   |        |               |          |
|--|-------|---|--------|---------------|----------|
| A. Amount, if any, from line 1 on page 1 .....   | _____ | + | 350.00 | Enter total ▶ | A. _____ |
| B. Minimum standard deduction .....  | _____ |   |        |               | B. 1,050 |
| C. Enter the <b>larger</b> of line A or line B here .....  | _____ |   |        |               | C. _____ |
| D. Maximum standard deduction. If <b>single</b> , enter \$6,300; if <b>married filing jointly</b> , enter \$12,600 ..... | _____ |   |        |               | D. _____ |
| E. Enter the <b>smaller</b> of line C or line D here. This is your standard deduction .....                              | _____ |   |        |               | E. _____ |
| F. Exemption amount.   |       |   |        |               |          |
| • If single, enter -0-.  |       |   |        |               |          |
| • If married filing jointly and --   |       |   |        |               |          |
| -- both you and your spouse can be claimed as dependents, enter -0-.   |       |   |        |               |          |
| -- only one of you can be claimed as a dependent, enter \$4,050.   |       |   |        |               |          |
| G. Add lines E and F. Enter the total here and on line 5 on page 1 .....   | _____ |   |        |               | G. _____ |

(keep a copy for your records)

**If you did not check any boxes on line 5**, enter on line 5 the amount shown below that applies to you.

- Single, enter \$10,350. This is the total of your standard deduction (\$6,300) and your exemption (\$4,050).
- Married filing jointly, enter \$20,700. This is the total of your standard deduction (\$12,600), your exemption (\$4,050), and your spouse's exemption (\$4,050).

**Mailing Return**

Mail your return by **April 18, 2017**. Mail it to the address shown in the instructions.



Document Page 3 of 8  
**IRS e-file Signature Authorization**Form **8879**Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

CLIENT COPY

**2016**

Submission Identification Number (SID) ▶

Taxpayer's name

ROBERT J BECKLEY

Social security number

177-70-0462

Spouse's name

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2016** (Whole Dollars Only)

|   |   |   |        |
|---|---|---|--------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)                      | 1 | 44,960 |
| 2 | Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)                                 | 2 | 4,730  |
| 3 | Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)                | 3 | 5,525  |
| 4 | Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) | 4 | 795    |
| 5 | Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)                            | 5 |        |

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**☒ I authorize H AND R BLOCK to enter or generate my PIN

ERO firm name

as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Your signature ▶ Signature and Date on file

Date ▶

**Spouse's PIN: check one box only**☐ I authorize \_\_\_\_\_ to enter or generate my PIN

ERO firm name

as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.Spouse's signature ▶ Signature and Date on file

Date ▶

**Practitioner PIN Method Returns Only -- continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

25524985755

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶ 02-20-2017**ERO Must Retain This Form -- See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2016)

PA-40 - 2016

Pennsylvania Income Tax Return  
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-16)

177700462

BECKLEY

ROBERT

J Occupation DRIVER

Occupation

220 MAPLE AVENUE

WINDBER

PA 15963

814 418-4019

56910

N Extension. N Amended Return.  
R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to  
S Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return  
N Deceased  
N Taxpayer Date of Death  
N Spouse Date of Death  
N Farmers.  
School District Name WINDBER

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 44960

1b 0

1c 44960

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 44960

10 0

11 44960



1600112146

EC

OFFICIAL USE ONLY

FC





1600212151

PA-40 - 2016

Social Security Number

177700462

Name(s) ROBERT J BECKLEY

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2015 PA Income Tax return.

15 2016 Estimated Installment Payments. REV-459B included.

16 2016 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

**Tax Forgiveness Credit. Submit PA Schedule SP.**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

**The total of Lines 30 through 36 must equal Line 29.**

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2017 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

H AND R BLOCK

814-467-8453

16 PA2

BWF 1040

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Page 2 of 2

12 1380

13 1380

14 0

15 0

16 0

17 0

18 0

19a 00

19b 00

20 0

21 0

22 0

23 0

24 1380

25 0

26 0

27 0

28 0

29 0

30 0

31 0

32 0

33 0

34 0

35 0

36 0

E-File Opt Out

Firm FEIN

Preparer's PTIN

273397978

P01543554



1600212151

1600212151

## 2016

### Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Social Security Number (shown first)

ROBERT

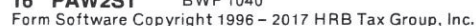
177-70-0462

**IMPORTANT:** You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the inc. was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2

Line 13

Describe:





pennsylvania  
DEPARTMENT OF REVENUE  
Form PA-8879

Pennsylvania e-file Signature Authorization

2016

Declaration Control Number/Submission ID

Primary Taxpayer's Name  
**ROBERT J BECKLEY**  
Secondary Taxpayer's Name

Social Security Number  
**177-70-0462**  
Social Security Number

**PART I Tax Return Information – Tax Year Ending Dec. 31, 2016 (Whole dollars only)**

|   |    |        |
|---|----|--------|
| 1. Adjusted PA Taxable Income (Form PA-40, Line 11) | 1. | 44,960 |
| 2. PA Tax Liability (Form PA-40, Line 12)           | 2. | 1,380  |
| 3. Total PA Tax Withheld (Form PA-40, Line 13)      | 3. | 1,380  |
| 4. Refund (Form PA-40, Line 30)                     | 4. |        |
| 5. Total Payment (Tax Due) (Form PA-40, Line 28)    | 5. |        |

**PART II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2016 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdrawal are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (check one box only)**

- ☐ I authorize **H AND R BLOCK** to enter my PIN **10462** as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Taxpayer's PIN: (check one box only)**

- ☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**PART III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN **25524985755**  
As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date **02-20-2017**

**ERO must retain this form and the supporting documents for three years.**  
**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**



CLGS-32-1 (04-16)

# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

Tax Year **2016**

\*If you have relocated during the tax year, please supply additional information.

| DATES LIVING AT EACH ADDRESS | STREET ADDRESS (No PO Box, RD or RR) | CITY OR POST OFFICE | STATE | ZIP |
|------------------------------|--------------------------------------|---------------------|-------|-----|
| TO                           |                                      |                     |       |     |
| TO                           |                                      |                     |       |     |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| LAST NAME, FIRST NAME, MIDDLE INITIAL<br><b>BECKLEY, ROBERT J</b>   |                                    | SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL   |   |
| STREET ADDRESS (No PO Box, RD or RR)<br><b>220 MAPLE AVENUE</b>   |                                    |  |   |
| SECOND LINE OF ADDRESS  |                                    |  |   |
| CITY<br><b>WINDBER</b>  |                                    | STATE<br><b>PA</b>   | ZIP CODE<br><b>15963</b>  |
| DAYTIME PHONE NUMBER<br><b>814 418-4019</b>   | RESIDENT PSD CODE<br><b>561105</b> | EXTENSION <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>   |   |
| The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first.<br><b>Combining income is NOT permitted.</b><br><br><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b><br><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately<br><input type="checkbox"/> Final Return* |                                    | Social Security #<br><b>177-70-0462</b><br>If you had NO EARNED INCOME, check the reason why:<br><input type="checkbox"/> disabled <input type="checkbox"/> student<br><input type="checkbox"/> deceased <input type="checkbox"/> military<br><input type="checkbox"/> homemaker <input type="checkbox"/> retired<br><input type="checkbox"/> unemployed | Spouse's Social Security #<br><br>If you had NO EARNED INCOME, check the reason why:<br><input type="checkbox"/> disabled <input type="checkbox"/> student<br><input type="checkbox"/> deceased <input type="checkbox"/> military<br><input type="checkbox"/> homemaker <input type="checkbox"/> retired<br><input type="checkbox"/> unemployed |
| 1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) .....   |                                    | 44,960   |   |
| 2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)  |                                    |  |   |
| 3. Other Taxable Earned Income *  |                                    |  |   |
| 4. <b>Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) ...  |                                    | 44,960   |   |
| 5. Net Profit (Enclose PA Schedules*) .....   |                                    |  |   |
| NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>  |                                    |  |   |
| 6. Net Loss (Enclose PA Schedules*) .....   |                                    |  |   |
| 7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)  |                                    |  |   |
| 8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) .....   |                                    | 44,960   |   |
| 9. <b>Total Tax Liability</b> (Line 8 multiplied by 1.0000) .....   |                                    | 450  |   |
| 10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)   |                                    | 450  |   |
| 11. Quarterly Estimated Payments/Credit From Previous Tax Year .....  |                                    |  |   |
| 12. Out-of-State or Philadelphia Credits (include supporting documentation)   |                                    |  |   |
| 13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) .....   |                                    | 450  |   |
| 14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) ....  |                                    |  |   |
| 15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account)<br><input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse  |                                    |  |   |
| 16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) .....   |                                    |  |   |
| 17. <b>Penalty after April 15*</b> (multiply Line 16 by ) .....   |                                    |  |   |
| 18. <b>Interest after April 15*</b> (multiply Line 16 by ) .....  |                                    |  |   |
| 19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) .....   |                                    |  |   |

\*See Instructions

|   |  |                                     |
|---|--|-------------------------------------|
| Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete. |  |                                     |
| YOUR SIGNATURE  | SPOUSE'S SIGNATURE (If Filing Jointly) | DATE (MM/DD/YYYY)                   |
| PREPARER'S PRINTED NAME & SIGNATURE<br><b>H AND R BLOCK</b>   |  | PHONE NUMBER<br><b>814-467-8453</b> |